PUK35

VALIDATION OF THE SYMPTOM FREQUENCY AND BOTHERSOMENESS SCALE FOR STRESS URINARY INCONTINENCE (SFB-SUI) IN A BRITISH POPULATION

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OBJECTIVE: The SFB-SUI is an 8-item symptom inventory for patients with stress urinary incontinence (SUI). It generates both a symptom-frequency score and a symptom-bothersomeness score which describes symptom-linked psychological distress. The purpose of this presentation is to report the initial psychometric performance of the UK version of the SFB-SUI. **METHODS:** The SFB-SUI was included in a cross-sectional, descriptive health outcomes study among female care-seekers at 17 large primary care clinics in the UK. 2400 women 18 to 91 years of age took the survey while waiting to be seen by their doctors. Twenty-two percent (n = 538) of those participating reported symptoms of SUI. Thirty percent (n = 733) reported no urinary symptoms at all, and the remaining 48% reported a variety of other urinary symptoms, including mixed stress and urge UI. Other measures included the Incontinence-specific Quality of Life (I-QOL), the Scale for Activity Interference and Limitation (SAIL), and other descriptive variables. Reproducibility was not possible within the study design. **RESULTS:** The UK version of the SFB-SUI demonstrated internal consistency ($\alpha = 0.74$ and 0.79 for symptom-frequency and symptom-bothersomeness scores, respectively) as well as the ability to discriminate between self-reported levels of SUI severity (mild/moderate/severe, $p < 0.01$) and severity based on the frequency of leakage ($p < 0.001$). As predicted, the symptom-bothersomeness scores were correlated with activity restriction (0.51, $p < 0.001$; by the SAIL). The SFB-SUI scores showed a good association with the I-QOL (0.27 to 0.43, $p < 0.001$). **CONCLUSION:** The SFB-SUI functions well in distinguishing between levels of stress UI severity. The convergent properties between the two SFB-SUI scores and the quality of life and activity limitation measures indicate that each score is addressing the intended domains. This 8-item measure is extremely low in patient and study burden and provides a good option for describing SUI patient symptoms and symptom-related distress in community studies as well as clinical trials.

PUK36

PATIENT SATISFACTION: PSYCHOMETRIC VALIDATION OF THE OAB-S, AN OVERACTIVE BLADDER TREATMENT SATISFACTION QUESTIONNAIRE.

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OBJECTIVE: Several instruments that measure the impact of overactive bladder (OAB) on patients' quality of life are available. However, neither the overall levels nor the multidimensional aspects of satisfaction with OAB treatment have been studied in patients living with OAB symptoms. This project aims to develop and validate an OAB specific satisfaction questionnaire, the OAB-S. **METHODS:** The OAB-S evaluates medication expectations (14 items), daily life with OAB (11 items), medication tolerability (7 items), medication satisfaction (16 items), and includes 3 stand-alone items that query patients on overall expectation, satisfaction, and willingness to continue treatment. The questionnaire was administered in a stand-alone validation study: the medication expectations module was administered at baseline and the other modules at week 2 and 4. Multitrait item and exploratory factor analyses were performed to assess the subscale structure. **RESULTS:** Preliminary results on 83 subjects indicated a low percent of missing data (<3.0%) but a high ceiling effect in the medication expectations (i.e., patients had high expectations) and in the medication tolerability modules (i.e., patients were not bothered by the medication's side effects). Internal consistency reliability of each item reached satisfactory levels (Cronbach's alpha >0.7). In addition, significantly high level of association (Pearson's correlation >0.6) were found for most of the questionnaire's items with items of related content from the SF-12, the OAB-q, a health-related quality of life questionnaire and the TSQM, a generic treatment satisfaction questionnaire. Results on the entire population (N = 250 patients) will be presented. The relationship between expectation and satisfaction will be further analyzed for naïve patients (i.e., without previous experience with an OAB medication). **CONCLUSION:** Results demonstrated that the OAB-s is performing well with little missing data, satisfactory internal consistency and content validity. The OAB-S will offer researchers a valuable tool for measuring patient satisfaction with OAB treatment.

Poster Session II

CARDIOVASCULAR DISEASE

PCV1

COST-EFFECTIVENESS ANALYSIS OF CLOPIDOGREL IN PATIENTS WITH ACUTE CORONARY SYNDROMES WITHOUT ST-SEGMENT ELEVATION IN HUNGARY

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OBJECTIVES: The CURE trial showed that clopidogrel on top of standard therapy (including aspirin, ASA) decreases the risk of myocardial infarction, stroke and cardiovascular death by 20% in patients with acute coronary syndromes (ACS) without ST-elevation. The purpose of this study was to evaluate the cost-effectiveness of adding clopidogrel to standard treatment in Hungary. **METHODS:** A Markov model with six states (at risk, first year with stroke, following years with stroke, first year with new MI, following years with new MI and death) was used. To determine the cost-effectiveness of clopidogrel, which was expressed in costs per life-years, saved? Life time horizon was applied. Effectiveness data were derived from the CURE study, while the long-term outcomes were based on epidemiological estimates concerning age specific event rates and case fatality rates. In the analysis only direct costs were included, which were all assessed from Hungarian sources. Costs were applied at a 2004 year price level. The perspective of the National Health Insurance Fund was used. Discount rates applied were 5–5% for costs and benefits also. **RESULTS:** When clopidogrel was added to standard therapy (including ASA), 101 years of life were saved per 1000 patients. The incremental cost was €618 (154,433 HUF) per patient, and the ICER of clopidogrel on top of standard therapy was €6113 (1,528,231 HUF) per life year saved. Sensitivity analyses showed that the results are more sensitive to the discount rates used and survival data and less sensitive to the costs of vascular events. **CONCLUSIONS:** Clopidogrel treatment is cost-effective on top of standard therapy including ASA in patients with acute coronary syndromes without ST-segment elevation in Hungary.